



CITY OF COLLEGE STATION  
PARKS & RECREATION

# 2013 CHALLENGER BOWLING REGISTRATION

**All players with special needs in Pre-K – 12<sup>th</sup> grade are invited.**

*\*\* No residency restrictions \*\**



From the City of College Station Parks & Recreation and the  
Project Sunshine Organization

**[cstx.gov/sports](http://cstx.gov/sports)**



## 2013 CHALLENGER BOWLING DETAILS

- REGISTRATION:** May 20 – 31, 8:00 a.m. – 5:00 p.m., Monday – Friday, except some holidays  
**Register in person, by mail\* or ONLINE at [rectrac.cstx.gov](http://rectrac.cstx.gov)**
- \* If mailed, your entry form must be postmarked by **Wednesday, May 30.***  
*\*Send entry form to: College Station PARD, Attn: Spud, 1000 Krenek Tap Road, College Station, TX, 77840*  
*\*Being a resident of College Station is not a requirement to participate*
- FEE:** \$15 for each child
- GRADE:** PreK -12<sup>th</sup> grade. This program is designed for special needs individual's ages 5 – 18 yrs old.
- SEASON:** Wednesdays (June 5, 19, 26, July 10, 17, 24, 31, August 7, 14, 21) from 3 – 5 p.m.  
**This is your schedule so please keep this information. This sport does not have enough volunteers to drop off participants. Participants must be accompanied by an adult**
- LOCATION:** **Grand Station Entertainment, 2400 Earl Rudder FRWY South, College Station, TX 77845**
- LEAGUE FORMAT:** Bowling ramps are available for those children that need help rolling the ball  
**NO DROP-OFFS. PARTICIPANTS MUST BE ACCOMPANIED BY AN ADULT**
- UNIFORMS:** T-shirts are provided to the challenger players
- HOW/WHEN WILL YOU BE CONTACTED:** **Your schedule is listed above on this sheet. You simply need to come out and have fun.** A program representative will try and make contact with you before the first day of play, but do not wait for an email or call, just use this information sheet as your schedule
- IF YOU HAVE QUESTIONS:** A program representative will be available for contact in most instances  
Contact: Coordinator – Melissa Jarrett-Ball - 979-219-6063 or Gene Ballew - 979-764-3424
- SPECIAL NOTE:** Participants will be subject to having photos taken and used to market programs by City of College Station officials, or by media. By registering your child, you are agreeing to the possibility that their picture might be taken and used. If you have any questions regarding this policy please contact one of our staff members. Internet website: [cstx.gov/sports](http://cstx.gov/sports)
- COACHES/ INSTRUCTORS:** The Project Sunshine will be providing volunteers to help run the program and teach skills to the individuals. We are also accepting other volunteers

**FUNDED BY:** This program is primarily funded by the City of College Station Parks and Recreation. We also want to thank PROJECT SUNSHINE for their volunteer support of our challenger sports series

# 2013 CHALLENGER BOWLING REGISTRATION

**PARKS & RECREATION • CITY OF COLLEGE STATION • PARKS AND RECREATION • CITY OF COLLEGE STATION**

Child's First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Gender: Male Female

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ School: \_\_\_\_\_

Primary's Contact Name: \_\_\_\_\_ Secondary's Contact Name: \_\_\_\_\_

Primary's Phone: \_\_\_\_\_ Secondary's Main Phone: \_\_\_\_\_

Primary's Email: \_\_\_\_\_ Secondary's Email: \_\_\_\_\_

**Players T-Shirt Size:** Youth XS Youth S Youth M Youth L Adult S Adult M Adult L Adult XL Adult XXL

*By registering this player you have waived and released any and all claims for damages you, your family, and this player may have against the City of College Station, other organizations, and staff that help operate and/or conduct this program. Additionally, you allow the City of College Station to use any photographs of your child participating in this program for advertising and promotional purposes. You understand that these photographs may be used in print, television and/or the internet.*

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## VOLUNTEERS ARE NEEDED

Please complete the form below if you are interested in volunteering. A criminal background check will be conducted. If you complete the form, we will use you, unless your background check is unacceptable. This program needs buddies, coordinators, and coaches to help.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Gender: M F Birth Date (MM/DD/YY): \_\_\_\_\_

Full Mailing Address (No PO Box): \_\_\_\_\_

Signature: \_\_\_\_\_

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Please Complete Next Page!

**THIS FORM WILL BE USED TO HELP THE CHALLENGER SPORTS STAFF BETTER SERVE YOUR CHILD.  
PLEASE COMPLETE ENTIRELY – CHECK ALL BOXES THAT APPLY. THANK YOU!**

**General Information**

Full Name: \_\_\_\_\_

Age: \_\_\_\_\_

**Ambulation**

- ☐ Walks Assisted                      ☐ Walks Unassisted  
☐ Walks Using ( ☐ Walker    ☐ Crutches    ☐ Braces)  
☐ Wheelchair ( ☐ Manual    ☐ Electric)  
☐ Transfers ( ☐ Alone    ☐ Needs Assistance)

**Communication**

- ☐ No Problems    ☐ Non-Verbal    ☐ Sign Language  
☐ Limited abilities, but can communicate daily needs  
☐ Communication Device \_\_\_\_\_

**Vision**    ☐ Normal    ☐ Limited    ☐ Blind    ☐ Glasses

**Hearing**

☐ Normal    ☐ Deaf    ☐ Hard of Hearing    ☐ Hearing Aids

**Behavior**

- ☐ No Problems  
☐ Problems Triggered by: \_\_\_\_\_  
\_\_\_\_\_  
☐ Positive Reinforces: \_\_\_\_\_

**How can Challenger best support and engage**

**participant in activity?** (e.g. redirection, persistence, seek  
caretaker)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Seizures**

☐ None    ☐ One or two as a small child

Type: \_\_\_\_\_

Last one: \_\_\_\_\_

Usual Frequency: \_\_\_\_\_

Usual Duration: \_\_\_\_\_

Pre-Seizure Activity: \_\_\_\_\_

Triggered by: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

**Chief Diagnosis** (LIST ALL e.g. Seizures, Asthma, MR, CP, A,)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Other Comments or Concerns:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What would you like your child to get out of this  
activity?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, understand that my child, \_\_\_\_\_, may not participate in a Challenger Sports Program until his/her application is completely filled out. I understand that it is my responsibility as the parent/guardian to update my child's application as needed. All information submitted to the Challenger Sports Series would be kept confidential among the Challenger Sports Staff/Volunteers and the City of College Station's Staff.

**Parent/Guardian Printed Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_